Only

PAGE 1 / 5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) over the lines. is changed) Chuck Fleischmann for Congress Committee, Inc. P.O. Box 11091 ADDRESS (number and street) (Check if address is changed) Chattanooga 37401 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chuckfleischmann@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.chuckforcongress.com (Check if address is changed) DATE 2010 C00461822 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Randall B Hebert Type or Print Name of Treasurer Randall B Hebert [Electronically Filed] 09 17 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| F | EC Fo | orm 1 (Revised 02/2009) | Page 2 |
|----------------|-------------------|---|------------------------------------|
| | | COMMITTEE | |
| | didate | e Committee: | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) Name | e of | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) Charles J Fleischmann | the candidate |
| Candi | idate | | |
| Candi Party | date Affiliati | ion REP Office Sought: X House Senate President | State TN District 03 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name Candi | | | |
| Part | y Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | nocratic, ublican, etc.) Party. |
| Polit | ical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a |
| | | Corporation Corporation w/o Capital Stock | bor Organization |
| | | Membership Organization Trade Association Co | ooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee) | gated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint | Func | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FFC Form 1 (Deviced 02/2000) | Daga 2 |
|--|--------------------------------------|
| FEC Form 1 (Revised 02/2009) Write or Type Committee Name | Page 3 |
| Chuck Fleischmann for Congress Committee, Inc | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representa | |
| | uve, or Leadership FAC Sponsor |
| TEXAS OPPORTUNITY PARTNERSHIP | |
| | |
| 1005 CONGRESS AVE STE 910 Mailing Address | |
| | |
| AUSTIN | 78701 – |
| CITY STAT | E ZIP CODE |
| Relationship: Connected Organization Affiliated Committee X Joint Fundraising Repres | sentative Leadership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. | ne person in possession of committee |
| Randall B Hebert | 1 |
| Full Name1200 Market Street | |
| Mailing Address | |
| Chamanana | 37402 |
| Chattanooga TN | 37402 |
| Title or Position CITY STATE | ZIP CODE |
| Treasurer Telephone number | 423 - 702 - 8145 |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the commi any designated agent (e.g., assistant treasurer). | ttee; and the name and address of |
| Full Name Randall B Hebert | 1 |
| of Treasurer | |
| Mailing Address 1200 Market Street | |
| | |
| Chattanooga TN | 37402 |
| CITY STATE Title or Position , Treasurer | ZIP CODE |
| Telephone number | |

| Full Name of Designated Agent | Brenda Fleischmann | |
|--------------------------------------|--|-----------------|
| Mailing Address | 8714 Rambling Rose Drive | |
| | | |
| | Ooltewah CITY STATE Z | IP CODE |
| Title or Position Assistant Treasu | | - |
| Banks or Other | r Depositories: List all banks or other depositories in which the committee deposits funds, holds | accounts, rents |
| safety deposit bo | oxes or maintains funds. | , |
| safety deposit bo Name of Bank, I | oxes or maintains funds. | |
| | oxes or maintains funds. | |
| | oxes or maintains funds. Depository, etc. Regions Bank ,3614 Tennessee Ave | |
| Name of Bank, [| oxes or maintains funds. Depository, etc. Regions Bank ,3614 Tennessee Ave | |
| Name of Bank, [| oxes or maintains funds. Depository, etc. Regions Bank ,3614 Tennessee Ave | |
| Name of Bank, [| Depository, etc. Regions Bank 3614 Tennessee Ave Chattanooga TN 37409 | IP CODE |
| Name of Bank, [| Depository, etc. Regions Bank 3614 Tennessee Ave Chattanooga TN 37409 CITY STATE Z | |
| Name of Bank, [| Depository, etc. Regions Bank 3614 Tennessee Ave Chattanooga TN 37409 CITY STATE Z | |
| Mailing Address Mane of Bank, [| Depository, etc. Regions Bank | |
| Name of Bank, [| Depository, etc. Regions Bank | |
| Mailing Address Name of Bank, [| Depository, etc. Regions Bank | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT) PO BOX 2485 Mailing Address **SPRINGFIELD** 22152 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number